

SERFF Tracking Number: UHLC-128397519 State: Arkansas
Filing Company: UnitedHealthcare Insurance Company State Tracking Number:
Company Tracking Number: RXADD_PREV.I.04.AR, ETAL
TOI: H17G Group Health - Prescription Drug Sub-TOI: H17G.000 Health - Prescription Drug
Product Name: RXADD_PREV.I.04.AR, etal
Project Name/Number: RXADD_PREV.I.04.AR, etal/RXADD_PREV.I.04.AR, etal

Filing at a Glance

Company: UnitedHealthcare Insurance Company

Product Name: RXADD_PREV.I.04.AR, etal SERFF Tr Num: UHLC-128397519 State: Arkansas

TOI: H17G Group Health - Prescription Drug SERFF Status: Closed-Approved- State Tr Num:
Closed

Sub-TOI: H17G.000 Health - Prescription Drug Co Tr Num: State Status: Approved-Closed
RXADD_PREV.I.04.AR, ETAL

Filing Type: Form

Author: Kelly Smith

Date Submitted: 05/23/2012

Reviewer(s): Rosalind Minor

Disposition Date: 05/23/2012

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: RXADD_PREV.I.04.AR, etal

Project Number: RXADD_PREV.I.04.AR, etal

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer

Filing Status Changed: 05/23/2012

State Status Changed: 05/23/2012

Created By: Kelly Smith

Corresponding Filing Tracking Number: RXADD_PREV.I.04.AR, etal

Filing Description:

The Addendum incorporate the requirements for coverage of preventive care medications at 100% as required under the Patient Protection and Affordable Care Act (PPACA).

State Narrative:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Overall Rate Impact:

Deemer Date:

Submitted By: Kelly Smith

Company and Contact

Filing Contact Information

Kelly Smith, Manager RGA

Kelly_Smith@uhc.com

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Product Name: RXADD_PREV.I.04.AR, etal

Project Name/Number: RXADD_PREV.I.04.AR, etal/RXADD_PREV.I.04.AR, etal

800 King Farm Blvd. 240-632-8061 [Phone]
 Suite 500
 Rockville, MD 20850

Filing Company Information

UnitedHealthcare Insurance Company	CoCode: 79413	State of Domicile: Connecticut
185 Asylum Street	Group Code: 707	Company Type: Life and Health
Hartford, CT 06103	Group Name:	State ID Number:
(860) 702-5000 ext. [Phone]	FEIN Number: 36-2739571	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$150.00
Retaliatory?	No
Fee Explanation:	3x150.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
UnitedHealthcare Insurance Company	\$150.00	05/23/2012	59360212

SERFF Tracking Number:	UHLC-128397519	State:	Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/23/2012	05/23/2012

<i>SERFF Tracking Number:</i>	<i>UHLC-128397519</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>UnitedHealthcare Insurance Company</i>	<i>State Tracking Number:</i>	
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Disposition

Disposition Date: 05/23/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	UHLC-128397519	State:	Arkansas
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Cover Letter RXADD_PREV.I.04.AR, etal	Approved-Closed	Yes
Supporting Document	No Rate Impact Letter	Approved-Closed	Yes
Form	RXADD_PREV.I.04.AR, etal	Approved-Closed	Yes

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Form Schedule

Lead Form Number: RXADD_PREV.I.04.AR, etal

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	RXADD_P REV.I.04.A 05/23/2012 R, etal	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	RXADD_PREV.I.04. AR, etal	Initial		60.600	RXADD_PRE V.I.04.AR.pdf RXADD_PRE V.I.07.AR.pdf RXADD_PRE V.I.09.AR.pdf

Patient Protection and Affordable Care Act (PPACA) Preventive Care Medications Addendum

As described in this addendum, Benefits for Preventive Care Medications described in the Outpatient Prescription Drug Rider are modified as stated below.

Because this addendum is part of a legal document (the group Policy), we want to give you information about the document that will help you understand it. Certain capitalized words have special meanings. We have defined these words in the Certificate of Coverage (Certificate) in (Section 10: Glossary of Defined Terms) and in this addendum below.

Benefits for Preventive Care Medications

Benefits under the Outpatient Prescription Drug Rider include those for Preventive Care Medications as defined below. You may determine whether a drug is a Preventive Care Medication through the internet at [\[www.myuhc.com\]](http://www.myuhc.com) or by calling Customer Service at the telephone number on your ID card.

Defined Terms

The following definition of Preventive Care Medications is added to the Outpatient Prescription Drug Rider:

Preventive Care Medications - the medications that are obtained at a Network Pharmacy [\[with a Prescription Order or Refill from a Physician\]](#) and that are payable at 100% of [\[the Prescription Drug Cost\]](#) [\[the cost\]](#) (without application of any Copayment, Coinsurance, Annual Deductible or Annual Drug Deductible) as required by applicable law under any of the following:

- Evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the [United States Preventive Services Task Force](#).

[Plan \[Para\]](#) [Applies if immunizations are covered under the pharmacy benefit:](#)

- [\[Immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.\]](#)
- With respect to infants, children and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the [Health Resources and Services Administration](#).
- With respect to women, such additional preventive care and screenings as provided for in comprehensive guidelines supported by the [Health Resources and Services Administration](#).

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[Plan \[Para\]](#) [Include Effective Date only if addendum is to be mailed separate from the COC.](#)

[\[Effective Date: _____\]](#)

(Name and Title)

Patient Protection and Affordable Care Act (PPACA) Preventive Care Medications Addendum

[UnitedHealthcare Insurance Company]

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Contract Issuance: [Include Effective Date only if addendum is to be mailed separate from the COC. Do not include effective date when addendum is issued as part of the COC.](#)

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Supporting Document Schedules

	Item Status:	Status
		Date:
Bypassed - Item:	Flesch Certification	Approved-Closed
Bypass Reason:	Flesch Score of 60.6 for all attached forms	05/23/2012
	Application - N/A	
Comments:		

	Item Status:	Status
		Date:
Bypassed - Item:	Application	Approved-Closed
Bypass Reason:	Flesch Score of 60.6 for all attached forms	05/23/2012
	Application - N/A	
Comments:		

	Item Status:	Status
		Date:
Satisfied - Item:	Cover Letter	Approved-Closed
	RXADD_PREV.I.04.AR, etal	05/23/2012
Comments:		
Attachment:		
	AR INS RXADD.PREV CovLtr Draft.pdf	

	Item Status:	Status
		Date:
Satisfied - Item:	No Rate Impact Letter	Approved-Closed
Comments:		05/23/2012
Attachment:		
	SG AR UHC INS 2012.08.01_No Rate Impact Letter.pdf	

May 15, 2012

Ms. Rosalyn Minor
Arkansas Insurance Department
1200 West 3rd Street
Little Rock, Arkansas 72201

Re: UnitedHealthcare Insurance Company
NAIC No. 79413
Preventive Care Medications Addendum
RXADD_PREV.I.04.AR, RXADD_PREV.I.07.AR and RXADD_PREV.I.09.AR
Flesch Score: 60.6

Dear Ms. Minor:

On behalf of UnitedHealthcare Insurance Company, I am submitting the enclosed group health addenda for your Department's review and approval. We are requesting to use these addenda as follows:

RXADD_PREV.I.04.AR with our approved 2004 Outpatient Prescription Medication Rider, form filing RXNET4TIER.I.04.AR, et al approved on .

RXADD_PREV.I.07.AR with our approved 2007 Outpatient Prescription Medication Rider, form filing, POL.I.07.AR, et al approved on .

RXADD_PREV.I.09.AR with our approved 2009 Outpatient Prescription Medication Rider, form filing POL.I.09.AR, et al approved on

These addenda are being filed to incorporate the requirements for coverage of preventive care medications at 100% as required under the *Patient Protection and Affordable Care Act* (PPACA).

Our intent is to use these addenda for large and small employer groups and we request that your review encompass both.

Our intent is to use these forms to convey deletion of, addition of, or change in the specifics of a provision previously filed with your Department.

Explanation Variable Text

Included in this addendum are the following features:

- **Non-variable Text** that always appears in an issued document.
- **Variable Text** that may or may not appear in an issued document depending on the specific product and plan design selected by the Enrolling Group. Variable text is enclosed in [brackets].
- **Instruction text** that is included, where necessary, to further explain the variability in the filed forms. Please note that any instruction text will appear only in the filed form and will not appear in the form issued to a member.

Information contained within these forms may also be used in an online format with appropriate changes in font, format and design to more easily accommodate online viewing or issuance. We want to assure the Department that education will be provided to the brokers, employer groups and the employees regarding access and alternatives to electronic issuance.

If you have any questions or concerns regarding this submission, please feel free to call me at the number shown below.

Sincerely,

Kelly Smith

UnitedHealthcare Insurance Company
800 King Farm Boulevard

Rockville, MD 20850

Toll free: 240-632-8061

Email: kelly_smith@uhc.com



185 Asylum Street, CT039-16B
Hartford, CT 06103
Tel 203-459-6519 Fax 860-702-5016
E-Mail: Olivia_He@uhc.com

May 10, 2012

Ms. Rosalind Minor
Rates and Forms Analyst
Arkansas Department of Insurance
1200 West Third Street
Little Rock, Arkansas 72201

**Re: United Healthcare Insurance Company
Small Group (2-50) Medical and Rx Rate Filing: PPO, Indemnity & POS**

Dear Ms. Minor:

The purpose of this filing is to provide Medical and Rx manual rate change to United Healthcare Insurance Company products. This filing may not be appropriate for other purposes.

The effective date for this filing is 08/01/12 and later for United Healthcare Insurance Company and is applicable to employers with 2 to 50 eligible employees.

Please note that rates will not be impacted as referenced under SERFF policy form filing AMD.HRSA.I.01.AR, AMD.HRSA.I.09.AR, AMD.HRSA.I.11.AR, RXADD_PREV.I.04.AR, RXADD_PREV.I.07.AR and RXADD_PREV.I.09.AR.11

ACTUARIAL CERTIFICATION

I, Olivia (Yu) He, am employed as an actuary by UnitedHealth Group. I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Qualification Standards of the Academy to render this opinion.

I certify that the changes to the rates were developed in accordance with accepted actuarial principles and were based on reasonable assumptions and that the rates exhibit a reasonable relationship to the benefits provided and are not excessive, not inadequate, and not unfairly discriminatory.

Please contact me if I may be of assistance during your review.

Respectfully,

Olivia (Yu) He, FSA, MAAA
Director, Pricing